Revised 06/08

10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Audited	 	
Checked	 	
Computer	 	

DEPARTMENT OR OFFICE	RECEIVING THE GIFT OR BEQUEST:	
Name of Department or Office Malling Address 11 2 Area Code & Telephone No.	1/7. 11 16/0.51 1/1/1111 113/2	110
CONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFICE:	
Kateum Manne Mailing Address (if different for	Hueny	City, State, Zip (if different from above)
Email Address		Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQ	UEST:	
Name Mailing Address	City, State, Zip Code	1-25-18 \$ 20.00
Area Code & Telephone Nun	hber	Date of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)		
Provide a description of the	gift or bequest and purpose thereof:	
One bag	of used womens cl	othing.
Criteria to use this form: Receipt of any gift or beque	st that is received by any department of the state	e or received by the Governor on behalf of the state.
Statement of Affirmation:		s accurate. I further affirm that the information concerning the donor and st of my knowledge.
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